

ECF/ CHOICES DISENROLLMENT REQUEST				
Member Last Name	First	MI SSN	-	
Submitter: Name		☐ AmeriGroup ☐BlueCare ☐	UHCCP	
Phone Number	Email	address		
Voluntary Disenrollment				
	ertain home- and co	m TennCare anymore. That include mmunity-based (HCB) services. (F		
too. If I qualify for TennCare on Before my TennCare ends, Ten	ly because I was get nCare will see if qual	nCare. BUT, I know this could affect tting long-term care, I could lose my lify in another group. If I don't quali t SSI, though, my TennCare will <u>no</u>	/ TennCare. fy in another	
My coordinator from my health plan talked with me about all of this. If I drop out, I know I won't get nursing home care or HCB services. I know this could affect my TennCare. AND, I still want to drop out of ECF/ CHOICES.				
nursing home, I can get it right a	way if I qualify. If I way for HCB services stil	F/ CHOICES at any time. If I need vant HCB services instead, I can ge I has room. If the program for HCE	et them if I	
I know that, to get care in my home or community, TennCare must be able to safely meet my needs in that setting. AND, the cost of my home care can't be more than the cost of my care in a nursing home AND, if I am in ECF Group 6, the cost of my HCB services can't be more than the cost of my care in a nursing home or intermediate care facility, as applicable. That includes the cost of my HCB services plus any home health or nursing care I may need. If any part of this is not true, I may have to drop out of ECF / CHOICES.				
Please check the box below that says why you want to drop out of CHOICES:				
I don't want/ need long-term o	are anymore.	I don't want my home or things estate) to be used to pay TennO long-term care after my death. have to pay back include nursin and home care (or HCBS). It's crecovery," and it's part of federal	Care back for my Services I may g home care called "estate	
I don't want to pay part of the term care (called patient liabil		Other. (Please tell us.)		
		1	1	
Signature of member (or their authorized representative) Date				

For **Involuntary** Disenrollment, see back page



Involuntary Disenrollment

Member Deceased	Date of Death	CHOICES disenrollment will be effective on the actual date of death.
Election of Hospice Services in a NF	Hospice Effective Date	TennCare will disenroll the member from CHOICES effective the day prior to the election of hospice services
NF discharge (Group 1 only)	NF Discharge Date	TennCare will disenroll the member from CHOICES effective the date of discharge. MCO must notify TennCare Member Services/TNHC
Denied PAE (NF LOC or At Risk LOC)	TPAES Control Number	TennCare will determine disenrollment date
Cannot safely meet needs within Cost Neutrality/ Expenditure Cap, refusal of alternative services, including NF or ICF/IID as applicable (Not used for Group1)	Attach supporting documentation	TennCare will determine disenrollment/transition date
Cannot safely meet needs (HCBS only)	Attach supporting documentation	TennCare will determine disenrollment/transition date
Member is not receiving TennCare reimbursed Long Term Services and Supports (Not used for Group1)	Attach supporting documentation	TennCare will determine disenrollment date
Non-payment of patient liability and member cannot transfer to another MCO	Attach supporting documentation	TennCare will determine disenrollment date
Moved out of State	Attach supporting documentation	TennCare will determine disenrollment date
DCS Custody	Attach supporting documentation	TennCare will determine disenrollment date